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| Certified | 3. Service Type | |
| | | 7/31/2015 2:38 PM |
| | | COASH PICCAX, AZ 85006 |
| No S | If YES enter delivery address below: | 1. Article Addressed to: |
| am 17 T Yes | D is delivery address different from item 1? Yes | |
| SC CENT | Tara Jorgan | |
| C. Date of Delivery | B. Received by (Printed Name) | 7105 W S440 0004 9690 |
| ☐ Agent ☐ Addressee | A. Signature X (C.C.A. A. PALA) | |
| DELIVERY | COMPLETE THIS SECTION ON DELIVERY | 2. Article Number |

PS Form 3811

Domestic Return Receipt